FOR PSA MEMBERS: **NORTHERN CAPE DEPARTMENT OF HEALTH**

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Concern regarding Allied Health Departments in Northern Cape

The PSA has raised serious concerns with the Head of the Department for Health in the Northern Cape regarding the deteriorating state of allied health and clinical support services. These Departments are facing systemic failure owing to unfilled vacancies, frozen essential posts, weak provincial leadership, and structural isolation. This compromises patient survival, diagnostics, medication safety, rehabilitation, and recovery, creating a serious avoidable health-system liability.

Workforce collapse and medico-legal risk

Over the past decade, appointments, and development of Allied Health and Clinical Support professionals have declined, leaving many departments at the lowest staffing levels in years. In a rural Province affected by health-professional shortages, understaffed clinical, therapeutic, diagnostic, and pharmaceutical services create immediate clinical and legal risk.

- **Escalating medico-legal claims:** Delayed or absent clinical support interventions increase exposure to negligence claims, including cases involving developmental delays, dysphagia, aspiration pneumonia, and poor post-operative mobilisation.
- **Systemic service failures:** Findings on patient deaths at the Northern Cape Mental Health Hospital show the danger of inadequate staffing, oversight, pharmaceutical control, and rehabilitation capacity. Clinical support staffing is therefore a key risk-mitigation measure.

Multi-disciplinary team: Clinical and therapeutic foundations

Effective healthcare depends on a balanced, multi-disciplinary team. When any discipline is weakened, the full continuum of care is affected.

- **Physiotherapy and rehabilitation:** Low staffing affects ICU respiratory care, early mobilisation, length of stay, and prevention of long-term disability.
- **Psychology and mental health:** Shortages weaken assessment, treatment, suicide-risk management, trauma support, and compliance with mental health legislation.
- **Radiography and diagnostic imaging:** Shortages delay diagnosis, emergency care, surgical planning, oncology monitoring, and maternal healthcare.

- **Pharmacy services:** Pharmacists and Assistants protect patient safety, medicine supply, antimicrobial stewardship, and pharmaceutical expenditure.
- **Occupational therapy:** Supports functional independence, rehabilitation, safe discharge, and reduced long-term dependency.
- **Speech therapy:** Manages dysphagia, stroke-related communication difficulties, and paediatric feeding risks, helping prevent avoidable complications.
- **Audiology services:** Supports newborn screening, ototoxicity monitoring, and access to hearing assistive technologies.
- **Dietetics and nutrition:** Clinical nutrition affects malnutrition care, ICU recovery, chronic disease management, wound healing, and readmission rates.
- **Social work services:** Provides crisis intervention, family tracing, safe discharge planning, and support for vulnerable patients.
- **Orthotics and prosthetics:** Provides assistive devices that support mobility, independence, and reduced long-term dependency.
- **Environmental health:** Protects communities through sanitation, food safety, disease surveillance, and occupational health risk control.

Threat to National Health Insurance implementation

Rehabilitation, mental healthcare, diagnostics, and pharmaceutical access are core services. The Northern Cape cannot claim NHI readiness whilst rural sub-districts lack balanced multidisciplinary teams.

Critical leadership vacuum

The absence of a dedicated Provincial Director for Allied Health, Pharmacy, and Clinical Support Services leaves these disciplines under-represented where budgets, posts, and strategy are decided. This has contributed to frozen posts, unreplaced retirements, unmet staffing needs, and weak mentorship.

Urgent intervention required

The following actions are required to stabilise services, reduce litigation risk, and prevent further decline:

1. **Provincial audit:** Audit all allied health posts, vacancies, frozen posts, gaps, and service needs.
2. **Provincial Director:** Create and fill the post of Provincial Director: Allied Health to represent these disciplines at executive level.
3. **Risk analysis:** Link staffing deficits to length of stay, medical errors, adverse outcomes, and litigation exposure.
4. **Recruitment plan:** Fast-track funded recruitment for critical clinical support posts.
5. **Retention strategy:** Secure rural allowances, CPD support, and mental health debriefing to reduce burnout.
6. **Written accountability:** Require the HOD's written response within 14 days with immediate, medium-term, and long-term turnaround plans.

The PSA will monitor implementation to ensure that members' concerns are addressed and corrective action is taken.

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